

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized CommitteeRECEIVED.  
SECRETARY OF THE SENATE

2 APR 15 PM 12:24

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Greg Sowards For Senate LLC

ADDRESS (number and street)

2916 Maese Ln

Check if different  
than previously  
reported. (ACC)

Las Cruces

NM

88007

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00448423

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NM

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY  
01 / 01 / 2012MM / DD / YYYY  
01 / 01 / 2012MM / DD / YYYY  
01 / 01 / 2012

through

MM / DD / YYYY  
03 / 31 / 2012MM / DD / YYYY  
03 / 31 / 2012MM / DD / YYYY  
03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MELODIE JOHNSON

Signature of Treasurer

MELODIE JOHNSON

*Melodie Johnson*

Date

04 / 15 / 2012

04 / 15 / 2012

04 / 15 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)